

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1952

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

E OF DEATH AND L RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Yavapai</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Prescott, Rural</u> C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>14 Mos. 52 Yrs.</u> D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Yavapai County Hospital</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE <u>Arizona</u> B. COUNTY <u>Yavapai</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Cottonwood</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	3. NAME OF DECEASED A. (FIRST) <u>James</u> B. (MIDDLE) <u>Alexander</u> C. (LAST) <u>Crawley</u> 4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u>		6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 7. DATE OF BIRTH MONTH <u>Mar.</u> DAY <u>27</u> YEAR <u>1873</u> 8. AGE YEARS <u>77</u> MONTHS <u>11</u> DAYS <u>13</u> 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Trainman Retired</u>	
CEDENT PERSONAL DATA 177 4 351	9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mining</u> 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>N. Carolina</u> 11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u> 13. SOCIAL SECURITY NO. <u>Not Known</u>		14A. FATHER'S NAME <u>Alexander Crawley</u> 14B. BIRTHPLACE (STATE OR COUNTRY) <u>N. Carolina</u> 15A. MOTHER'S MAIDEN NAME <u>Adelaid Cooper</u> 15B. BIRTHPLACE (STATE OR COUNTRY) <u>N. Carolina</u>	
	16. INFORMANT'S SIGNATURE <u>Tda Jane Crawley</u> ADDRESS <u>Cottonwood, Ariz.</u> 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 10, 1951</u>			
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Senile Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION <u>Mar. 10, 1951</u> 19B. MAJOR FINDINGS OF OPERATION <u>6 weeks</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DEATH DUE TO (INTERNAL FORCE)	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>X</u> 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Cottonwood, Ariz.</u> 21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Cottonwood, Ariz.</u> 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>March 10, 1951</u> 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR? <u>While at work</u>			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>2:11 A.M.</u> TO <u>2:11 A.M.</u> 19 <u>1951</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Mar. 10, 1951</u> AND THAT DEATH OCCURRED AT <u>2:11 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23A. SIGNATURE (DEGREE OR TITLE) <u>Howard L. Westcott M.D.</u> 23B. ADDRESS <u>Cottonwood, Ariz.</u> 23C. DATE <u>Mar. 12, 1951</u>			
FUNERAL DIRECTOR AND REGISTRAR 73 2	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE <u>Mar. 10, 1951</u> 24C. NAME OF CEMETERY OR CREMATORY <u>Cottonwood, Ariz.</u> 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Cottonwood, Ariz.</u> 25A. DATE REC'D BY LOCAL REG. <u>March 12, 1951</u> 25B. REGISTRAR'S SIGNATURE <u>Howard L. Westcott</u> 25C. FUNERAL DIRECTOR'S SIGNATURE <u>Howard L. Westcott</u> 25D. EMBALMER'S SIGNATURE <u>Howard L. Westcott</u> 25E. ADDRESS <u>Cottonwood, Ariz.</u> 25F. CERT. NO. <u>298</u>			
	26. FUNERAL DIRECTOR'S SIGNATURE <u>Howard L. Westcott</u> 26. ADDRESS <u>Cottonwood, Ariz.</u> 26. CERT. NO. <u>298</u>			

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